

EXHIBIT 3



STATE OF NEW YORK
 WORKERS' COMPENSATION BOARD
 PO BOX 29017
 BROOKLYN, NY 11202-9017

Robert R. Snashall
 Chairman

(800) 877-1373

State of New York - Workers' Compensation Board

In regard to Milton Bustillo, WCB Case #0014 9856

ADMINISTRATIVE DECISION

(Death Claim)

keep for your records

Based upon the information we have received regarding the work-related injury of Milton Bustillo on 09/11/2001 while working for Cantor Fitzgerald, the Workers' Compensation Board makes the following findings and directions:

DECISION

The claimant Milton Bustillo had a work related injury which resulted in death. The claimant's average weekly wage for the year worked before this work related injury or occupational disease is determined to be \$600.00 or more.

AWARD - THE EMPLOYER OR INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE AS FOLLOWS:

Continuing award.

The period from 9/11/2001 to 12/28/2001 for 15.6 weeks totaling \$6,240.00 is awarded as follows:

Award to:	Relation	DOB	Pct	Rate / week	Total	Pay to:
Laura Spordone -Bust	Spouse	9/12/1961	36.67%	\$220.00	\$3,432.00	Laura Spordone-Bustillo
Dayna Spordone	Child	8/12/1994	15.00%	\$90.00	\$1,404.00	Laura Spordone-Bustillo
Alessandra Bustillo	Child	1/13/2001	15.00%	\$90.00	\$1,404.00	Laura Spordone-Bustillo

Carrier Continue Payments bi-weekly in the amount of \$800.00

Any money previously paid for the above period(s) will be deducted from the total amount.

The Funeral/Memorial Benefit will be awarded, up to a \$6000.00 maximum upon submission of documentation. Actuarial figures for the amount of deposit into the Aggregate Trust Fund will be provided in a subsequent decision. No further action is planned by the Board at this time.

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Claimant -	Milton Bustillo	Employer -	Cantor Fitzgerald
Social Security No. -	124-62-5580	Carrier -	Pacific Indemnity Company
WCB Case No. -	0014 9856	Carrier ID No. -	W168009
Date of Accident -	09/11/2001	Carrier Case No. -	71656178
District Office -	NYC	Date of Filing of this Decision -	01/02/2002

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).